Minutes of the Managed Risk Medical Insurance Board's (MRMIB's)
Mental Health (MH) Liaison Workgroup Meeting
Thursday, July 31, 2008
10am-12pm

Participants:

HFP Plan and Behavioral Health Plan Representatives:
Anthem Blue Cross/Wellpoint – Terry Maxson, Sharon Ostach
Blue Shield of California - Brenda Kaplan
CalOptima - Gisela Gomez
Central Coast Alliance – Lilia Chagolla
Community Health Group – George Scolari
Community Health Plan – Betty representing Pam Rick-Hawkins, Melanie De La Cruz representing Edwin Penate, Bettie Bell
Inland Empire Health Plan (IEHP) - Susan Spooner, Jackie Rangel, Shelley Lemaster, Dennis Kinney, and Thomas Pham
Health Net – Rogelio Lopez
Kaiser Permanente – Stuart Buttlaire
Kern Health Systems - Anne Watkins, Julie Davis
US Behavioral Health – Jennifer Patterson, Pat Buchanan in for Carla Phillips

CMHDA
Suzanne Tavano – **Contra Costa County**

County Mental Health Representatives:
Denise Giblin – **Calaveras County**
Toni Hanson and Irene Takahashi– **Fresno County**
Marti Barton – **Monterey County**
Billie Willson – **Sacramento County Mental Health** (In person)
Jamie Picker – **San Diego County**
Peter Antons – **Santa Clara County**
Mel Diaz, Sandra Turnbolt(?) – **Sutter/Yuba County**

MRMIB Staff:
Shelley Rouillard – Deputy Director, Benefits and Quality Monitoring (BQM) Division
Sarah Swaney - Research Program Specialist, BQM Division
Juanita Vaca – Research Analyst, BQM Division

Welcome and Introductions – Sarah Swaney

Sarah introduced MRMIB staff and welcomed everyone. Participants were asked if there were any changes to the agenda. No changes.

APS Mental Health Contract – Shelley Rouillard

APS is the vendor that was selected for the mental health evaluation. The purpose of the evaluation is to evaluate the mental health and substance abuse services that are provided by the Healthy Families contracted plans. APS will be looking at the plans' quality monitoring policies, processes, evaluating subscriber access to services. APS will be working with the plans to obtain authorization from some subscribers to view medical records and to participate in focus groups.

The components of the evaluation will be on subscriber access and timeliness. APS will be conducting five focus groups around the state with one being in Spanish. The five counties for the focus groups have been identified as San Joaquin, Riverside, Santa Clara, Los Angeles and Orange County. The participants in the focus groups will be the family members of the HFP children, such as the parents. The plans will have to get authorization and help MRMIB identify participants for the focus groups. APS will be working directly with the plans. MH and AOD provided through the plans' or sub-contractor will be topic of the focus groups. APS will also be looking at the plans materials related to mental health and substance abuse as well as utilization data. The data submitted by the plans to the previous vendor will be given to APS Healthcare. They have experience looking at data and assessing services that are being provided.

Action Item: Have APS present an overview of the timeline and project plan.

Encounter Data Pilot Project – Shelley Rouillard

MRMIB is working with MAXIMUS to develop an encounter and claims database. All Healthy Families participating plans would submit their encounter and claims data. MRMIB has been working on establishing the agreement between MAXIMUS and the plans around submission of the data, including MRMIB not receiving any protected health information or any individually identifiable data. The plans will submit their data to MAXIMUS, who will validate the data and aggregate the data for MRMIB. MRMIB and MAXIMUS are working to get agreements in place with the pilot plans mentioned in the April 24, 2008 workgroup meeting so MAXIMUS can begin testing the system. MRMIB hopes to start receiving data by September.

SED Prescription Update – Shelley Rouillard

This is a challenging issue for the counties, MRMIB and all families involved. MRMIB met with DMH and agreed to move forward on this. MRMIB will be setting up a meeting with DHCS, their IT Department and DMH around what system changes might need to be made so that counties can bill the state for prescriptions for children with SED. A mechanism has to be set up for the counties to get the federal match.

Kathy (San Diego) asked if children are going without their medications at this point.

George Scolari said that a child who is SED will go to the county mental health provider who then writes a prescription. The family goes to the pharmacy, shows their plan ID card

and gets denied because the plan has put a block in the system for psychiatric medication. This results in major inconvenience and dissatisfaction. Every county has their own system and the counties end up approving something by making phone calls. He stated that is does not seem fair that the local mental health departments with limited funding to have to cover the costs. But now, after 10 years with the counties, something is being done about it.

Suzanne Tavano mentioned that when legislation was written there was no stipulation about funding for medications.

ADVISORY COMMITTEE ON QUALITY – Shelley Rouillard

The Advisory Committee on Quality is being established to help determine the requirements MRMIB should have in the contracts with the HFP plans to improve the quality of care in the HFP. MRMIB sent a solicitation for nominations in June seeking representatives from a variety of different stakeholder groups including providers, mental health providers, plans, advocates, subscribers and researchers that use quality data. MRMIB received 30 nominations, including three mental health providers, and staff will update the Board on August 7, 2008. It will be up to the MRMIB Executive Director to choose who will be participate on the committee. MRMIB is looking for persons that have quality improvement backgrounds, familiarity with quality measurement, and experience in encounter data and interpreting it.

Areas the committee will be looking at are which HEDIS measures MRMIB should be using. Currently, there are 12 HEDIS measures HFP plans report and some may be outdated. NCQA has new measures up every year. The committee will help MRMIB staff evaluate which are the most important measures and whether others should rotate. The committee will be looking at encounter data analysis and help MRMIB understand on how to best use that data to drive quality improvement in the plans. Another area for the committee to explore is which performance benchmarks should be used, national, state, SCHIP or Medicaid specific and what steps should be taken if plans don't meet their target, etc. The committee also will assess the cultural and linguistic competency of plans and how that should be used in the overall evaluation of quality of care. Finally, the committee will look at what quality indicators MRMIB should publicly report and how the data should be presented. The committee will be working with staff through December 2009. Meetings will be bi-monthly starting in September.

HFP HANDBOOK CHANGES – Sarah Swaney

The Summary of Benefits section in the current HFP handbook displays mental health benefits and alcohol and drug abuse in two different rows. The mental health services description lumps the treatment delivery for basic mental health and SED together. The fact that there are two delivery systems one plan system and one county system is not clear. We have expanded this area significantly to highlight the basic mental health services provided by the plan or the plan's sub-contractor. We discuss SED services provided by the county separately. This change will be submitted and implemented in the

08/09 HFP handbook. The Handbook update will coincide with similar changes to the Evidence of Coverage document.

Suzanne Tavano stated that Dr. Arroyo has bought this up several times regarding the need for standardized methodology for defining, assessing and determining SED status.

In 1998 almost all of the counties starting developing private provider networks composed of individuals who are licensed therapists. In contrast, community-based organizations and county clinics are geared to treat SED children who have great needs for care.

George Scolari said that not every county is the same. San Diego is its own network but SED children access services through a direct contracted county mental health program. Since there is such wide variety in counties, a child's SED referral to the county does not guarantee receipt of an elevated level of care.

Stuart Buttlaire agrees that there is variance in access by county. The referral process does not always work and plans continue to provide the care and often have difficulty making referrals, therefore ending up continuing to provide care. Mr. Buttlaire is concerned about the children who do meet SED criteria but do not meet the target criteria for a specific county. It becomes problematic in trying to fit the child into the particular county SED criteria when they vary so much and their capacity varies. The overall issue is whether or not the child/family is receiving the level of care needed for their illness. Mr. Buttlaire suggested that MRMIB have APS looking at variance in service access by county.

Some children who are hospitalized due to a psychiatric diagnosis may be viewed as being SED. However, there are many children hospitalized once who are very adequately and properly maintained by traditional outpatient therapy and do not necessarily require the county clinic approach. The carve out does not seem to allow for these cases.

Many of the HFP children who are determined SED and are provided clinic county services are not necessarily referred through the health plan. They are being identified elsewhere because of their level of need and come directly in the system for evaluation.

Suzanne reiterated that this issue has been raised over the years particularly when the child has embraced recovery. If a child responds to the treatment at point A, they should not continue to need that. They are recovering and could be reduced out of SED status. There needs to be a method for certifying that the child no longer meets SED criteria - perhaps a form from the county certifying the child is no longer SED….

George S. said that 75% of the kids hospitalized in San Diego are not referred to the county.

The Statute says these children will be referred to the county. Statutory changes will be required in order do something differently than what we are doing now. Rogelio L. noted that MOU's that are in place in all the various counties across the state would also have to be changed.

Billee Willson said the county perspective is that once a child is determined to be SED and is in the county system, he will remain in the system until they reach age 18, even if he gets better. The child will not go back to their primary health plan, except to receive physical health care services.

The plans would like the handbook changes circulated for comments prior to finalizing since the plans work with the families. Sarah suggested a possible subgroup and bringing in Dr. Arroyo on this topic

Action Item: Send the group the proposed handbook changes.

SED TRI-FOLD BROCHURE UPDATE - All

George Scolari has some edits to provide on the SED brochure and will send them to MRMIB. It was also recommended that a HFP family member or advocate look at the SED brochure for feedback.

Action Item: George Scolari to send brochure edits to MRMIB. MRMIB to review changes with subscriber and/or advocate.

CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH) MATERIALS -All

In the past, a Healthy Families Update newsletter was issued 2-3 times a year, specifically to mental health. The first newsletter will be posted on the MRMIB website. The others will be posted later once they are reviewed for accuracy. Some topics in the newsletter address county and plan responsibility, contracts and MOU's etc, are resources. Our intent is to keep information current. MRMIB has contacted Bill Carter of CIMH and explained to him what MRMIB's intent is to do with the newsletters.

MRMIB would like to post the CIMH newsletters and other website enhancements that would be assistive relative to mental health questions, processes, reporting templates such as the referral reporting template, etc. This would improve access and be a source of information to all. MRMIB is in the process of talking with our IT folks and see what their workload is like. MRMIB will keep you all posted on this and will continue to inventory the CIMH resource binder.

Action Item: Post the HFP newsletter's on HFP's website.

COUNTY MENTAL HEALTH LIAISON LIST FROM CMHDA - All

CMHDA wants MRMIB input for the county liaison list and will provide this list to the Medi-Cal Policy group for the broad discussion, then to the CMHDA Governing Board. This will heighten the awareness and participation of the mental health directors in the process. The next CMHDA meeting will be August 20, 2008.

George S. said in San Diego they have a list that has both, one person that handles everything on the actual referral process but then they have administrative local county mental health staff also listed with the contact information along with the health plan.

OPEN FORUM - All

George S. said many Advocates have gone to Cindy Ehnes of DMHC regarding autism. He would like to discuss how the county mental health departments handle children with autism. Under Medi-Cal, Title 9 Chapter 11, this is an excluded diagnosis but in HFP it is covered. Children with autism are treated by non-licensed providers through "Applied Behavioral Analysis", charging $87 hourly for minimum of 20 hours per week. Another diagnosis is eating disorder which is not only mental but physical. Advocates want treatment for autism is a mandated benefit through all health plans.

Action Item: George Scolari will provide update on the issue of autism and DMHC at the next meeting.

NEXT MEETING:

Next meeting will be October 30, 2008.

Meeting was adjourned.